

To: Cabinet
Date: 15 March 2023
Report of: Scrutiny Committee
Title of Report: Integrated Care System Draft Strategy Update

Summary and recommendations	
Purpose of report:	To present Scrutiny Committee recommendations for Cabinet consideration and decision
Key decision:	No
Scrutiny Lead Member:	Councillor Dr Christopher Snowton, Scrutiny Committee Chair
Cabinet Member:	Cllr Louise Upton, Cabinet Member for Health and Transport
Corporate Priority:	All
Policy Framework:	Council Strategy 2020-24
Recommendation: That the Cabinet states whether it agrees or disagrees with the recommendations in the body of this report.	

Appendices	
Appendix A	Draft Cabinet response to recommendations of the Scrutiny Committee

Introduction and overview

1. The Scrutiny Committee met on 07 March 2023 to consider a report on the Integrated Care System Draft Strategy Update. The report presents information on the production of a new Integrated Care Strategy by the Integrated Care Board (ICB) for Buckinghamshire, Oxfordshire, and Berkshire West and recommends that Cabinet notes the content of the report for information.

Summary and recommendations

2. The Committee was grateful to Cllr Louise Upton, Cabinet Member for Health and Transport, for attending to present the report as well as to Mish Tullar, Head of Corporate Strategy, for attending to answer the Committee's questions.

3. Cllr Upton introduced the report and explained to the Committee it was understood that 80% of people's health and wellbeing related to factors other than healthcare. The Council was working with councils and health organisations across the three counties of Oxfordshire, Buckinghamshire, and Berkshire West to develop a strategy for the new Integrated Care Board.
4. The Committee established that the strategy had eighteen priorities, some of which were far broader than the City Council's remit and some of which involve the Council very directly. It was explained to the Committee that the Council has been at the forefront of discussions relating to the establishment of the ICB.
5. The Committee considered it would be helpful for the Council to establish and set out how the ICB is funded and what budget is available to it with what constraints.

Recommendation 1: That the Council sets out in summary how the Integrated Care Board is funded and what budget is available to it.

6. The Committee noted that that the first priority in section 4.1 of the Strategy was to reduce the proportion of the population that smokes. The Committee did not deny that this was commendable but considered that attention should also be given to harms caused by vaping, particularly amongst children and young people.

Recommendation 2: That the Council uses its influence via the Integrated Care Board to ensure that the risks and dangers of vaping, particularly amongst the young, are emphasised in the action plan arising from the strategy.

7. The Committee noted that priority 5 was "protect people from infectious disease by preventing infections in all our health and care settings and delivering national and local immunisation programmes." The Committee commended this priority but was concerned to note the absence of any explicit reference to vaccine hesitancy and misinformation spread to encourage such. The Committee considered that it would be appropriate to be mindful of the importance of combating this in delivering the strategy.

Recommendation 3: That the Council uses its influence via the Integrated Care Board to ensure that the need to combat vaccine hesitancy and widespread misinformation is articulated in the action plan arising from the strategy.

8. The Committee noted that the Strategy refers at a number places to a variety of different groups with issues and concerns pertaining particularly to them and agreed that appropriate targeting and engagement were key. The Committee also noted that priority 4 is to "Take action to address the social, economic and environmental factors that influence our health." Whilst recognising that the Strategy itself was not the most appropriate for detailed outworking of how appropriate targeting would be done, the Committee was keen that consideration was given to how such engagement could be successfully driven and how it should take account of the wide variety of relevant factors.

Recommendation 4: That the Council uses its influence via the Integrated Care Board to ensure that, when the Masterplan is drawn up to monitor the

implementation of the strategy, specific attention is paid to the relevant needs of particular demographic groups (including but not limited to the LGBT communities and those from some minority ethnic communities) and the impact of certain strategies and factors on those groups particularly.

Recommendation 5: That the Council uses its influence via the Integrated Care Board to broaden the strategy's existing work on air quality to also consider indoor air quality and indoor sources of pollutants.

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